

Request for addition to register of authorised signatures

To be completed for each substantive nurse / ODP required to order controlled drugs.

Once completed please email a copy to:

PRH: bsuh.dispensary.prh@nhs.net

RSCH: bsuh.pharmacycd@nhs.net

Surname	
Forename(s)	
PIN / registration	
Date of commencement	
Job title	
Hospital	
Division	
Ward/Department	
Signature of employee	
Initials of employee	

Name and signature of Ward/Department manager verifying for employee to be added as an authorised signature: